



**TLAC InfoPak**  
**(for Guantanamo Bay, Cuba)**

DoD Health Services Region 15  
TRICARE Support Office  
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## **YOUR PASSPORT TO WORLD CLASS QUALITY HEALTH CARE**

Welcome to TRICARE Latin America & Canada (TLAC) Prime. I look forward to the challenges of assisting you and your family in having a positive and rewarding experience in your remote assignment. The Welcome Letter, TLAC InfoPak and TRICARE Pocket Card describes the benefits active duty service members and their families are entitled to as TLAC Prime enrollees and how we provide these benefits. TLAC Prime, though slightly different than TRICARE in CONUS, is also modeled on the Health Maintenance Organization (HMO) concept prevalent in the private sector in the United States.

Your TLAC InfoPak will provide you with essential information for obtaining health care while traveling in Latin America and Canada, at other overseas locations and in the United States. Please review it carefully and keep it with you when traveling for future reference.

Our goal is to add value to your overseas experience, keep you healthy and be easily accessible if you require healthcare. We strive to optimally provide the quality healthcare services as described in this handbook. Should we fail to meet your expectations, please tell us how we can better serve you. We encourage you to contact the TRICARE Latin America & Canada Support Office (TSO) and speak with a representative.

Best wishes for a healthy tour in Latin America & Canada that is challenging, exciting and enjoyable. We are here to support you.

ERIC B. SCHOOMAKER  
Brigadier General, Medical Corps  
Lead Agent, TRICARE Latin America & Canada

## KEY POINTS OF TLAC PRIME

The TRICARE Overseas Prime Program offers the greatest benefit worldwide for active duty and eligible active duty family members serving or residing outside the United States.

To be eligible for TRICARE Prime overseas, active duty family members must accompany and reside with their active duty sponsor at their overseas duty station. Enrollment forms are available at the nearest TRICARE Service Center or the TLAC website at <http://tricare.army.mil/>.

There is no co-payment for outpatient visits or procedures for Prime enrolled active duty family members.

The requirement for pre-authorization for civilian healthcare is waived for family members in areas which are not served by a Military Treatment Facility (MTF) including healthcare received while traveling in the United States, (except for care received in Puerto Rico).

The Health Care Information Line (HCIL) is a nurse advisor available 24 hours a day toll free at 800.294.9172 and offers basic healthcare decision making assistance. The HCIL staff cannot authorize care. If enrolled to Military Treatment Facility (MTF) Primary Care Manager (PCM), you must have a referral for civilian healthcare except for emergency care. If you are not enrolled to a MTF you may self-refer to the provider of your choice, however, you should seek care from a Network Provider (contact the nearest TRICARE Service Center for further information or visit the TLAC website at <http://tricare15.army.mil/>).

If you are enrolled to a MTF, you must seek all routine care from your PCM. If your PCM determines you need specialty care, he/she will refer you to either a military or civilian specialist. If you see a civilian provider without a referral, you will be responsible for payment for medical care under the Point of Service (POS) option (see page 4 for further information).

**All civilian healthcare must be a TRICARE covered benefit under the TRICARE/CHAMPUS rules. You will be financially responsible for 100% of the cost for healthcare received which is NOT a TRICARE covered benefit. If you have questions about what constitutes a covered benefit, contact the nearest TRICARE Service Center at Naval Hospital Roosevelt Roads at 787.865.5913, Rodriguez Army Health Clinic, Fort Buchanan at 787.707.2051, or Ramey Clinic, Borinquen at 787.890.8477.**

## CARE IN HOST COUNTRY

### Emergency Care:

**For care involving potential loss of life, limb, or eyesight, seek care from the nearest medical facility.**

- Dial 911 for ambulance services at Naval Station Guantanamo Bay, Cuba.
- Have a local address and phone number available. Do NOT hang up the phone until directed to do so by the operator.

### Routine Care:

Active duty and active duty family members should seek care from their PCM at Naval Hospital Guantanamo Bay, Cuba. Contact them at 7-2110 to make an appointment.

### Specialty Care:

Active duty and active duty family members must go through their PCM for a referral for specialty care, whether at the Naval Hospital or in CONUS.

## MATERNITY CARE

### Medically Necessary CONUS Delivery:

- The beneficiary should remain enrolled in TLAC Prime for a medically necessary CONUS delivery as determined by the OB provider and the TSO.
- Upon approval of CONUS delivery by the TSO, travel funds will be provided for either a MTF or civilian facility based on:
  - Expectant mother's desires.
  - When feasible, beneficiaries will be authorized to stay at a location close to or with family.
  - Medical necessity and cost.
  - Delivery at a MTF. Stay in self-care type unit at MTF - meals at MTF.
  - Delivery at civilian facility or MTF
    - Stay with family - No funds available for per diem.
  - Funds for father's TDY will not be covered unless medically indicated by attending physician **(Documentation from provider is required)**.

### Non-Medically Necessary CONUS Delivery:

- Cost for travel, lodging and per diem are the sponsor's responsibility.
- Beneficiaries should enroll in Prime with the Region where they will deliver. *or*
- Disenroll from TLAC Prime and use the TRICARE Standard benefit.
- If you choose to deliver in CONUS using your TRICARE Standard benefit, you may be required to get a Non-Availability Statement (NAS) prior to receiving any OB care. Contact the nearest MTF for further information.
- If you enroll in TRICARE Prime where you plan to deliver, contact the nearest TSC in that region for further information.
- Contact the closest CONUS MTF or TSO Fort Gordon for guidance.

**Ultrasounds that are not medically necessary are not a covered benefit. All care received must be a TRICARE covered benefit. Contact the TSO for further information on covered benefits.**

## MENTAL HEALTH

Active duty and active duty family members in GTMO should seek the advice of their PCM. Their PCM will refer them to a mental health professional if necessary.

## EYE EXAMS, GLASSES OR CONTACTS

Routine eye examinations are authorized for Active Duty Family members once a year. Glasses and/or contact lenses are not covered benefits.

Active Duty members are also authorized routine eye examinations once a year. Active Duty members may obtain eyeglasses through a Military Treatment Facility. Glasses and /or contact lenses that are purchased locally by the service member are not covered benefits and will not be reimbursed.

## AEROMEDICAL EVACUATION

Active duty and active duty family members are eligible for Aeromedical Evacuation (AE). AE is provided for urgent and emergent care NOT available locally. Contact your PCM for more information

## HEALTH ENROLLMENT ASSESSMENT REVIEW (HEAR)

The HEAR Survey is an important part of the TLAC Prime benefit. Completing the HEAR Survey provides confidential information to the PCM about a beneficiary's current health status and health behaviors. Included in the HEAR Survey are questions about lifestyle such as tobacco consumption, nutrition and exercise habits, health history, and stress.

### **Beneficiaries should:**

- Complete the HEAR Survey as soon as possible following the HEAR Do's and Don'ts in the welcome package.
- Return the completed HEAR Survey to the TSO via the pre-addressed return envelope.

After the HEAR Survey is scanned and processed, you and your PCM will receive a copy of the results with appropriate recommendations for follow-up.

## TRAVELING WITH TLAC PRIME IN CONUS

**TLAC Prime Enrollees should always carry their TRICARE Pocket Card and Prime ID Card(s).**

### **Active Duty:**

- If an MTF is available in a reasonable distance, seek healthcare at that MTF.
- Any routine care outside a MTF must have prior authorization. If a MTF is NOT available, call Military Medical Services Office (MMSO) toll free at 888.647.6676, Option #2, then Option #1 for pre-authorization. Failure to get pre-authorization will cause beneficiaries to be held financially responsible for all or part of the healthcare costs.
- If an active duty TLAC Prime enrollee is traveling in CONUS and incurs a bill for civilian urgent or emergent healthcare, claims should be filed with Foreign Claims, WPS with a copy of the bill and a completed DD Form 2642 CHAMPUS Claim Form (same as for family members). When filing claims, beneficiaries must use their OCONUS mailing address. The claim form is available on the web at the following address: <http://www.tricare.osd.mil/ClaimForms/>
- **Inpatient Mental Healthcare.** Active duty personnel must contact Military Medical Services Office (MMSO) for pre-authorization at 888.647.6676, Option #2, then Option #1.

### **Family Members:**

- If an MTF is available in a reasonable distance, seek healthcare at that MTF. TLAC Prime enrollees have the same access to care priority as local Prime enrollees.
- Authorization is not required for medical care received outside the TLAC area. (Except for Puerto Rico)
- If MTF care is not reasonably available, TLAC Prime enrollees should seek care from a network provider. ADFMs seeking civilian care should ensure they are seen by a TRICARE network or authorized provider. If care is received from a non-network or non-CHAMPUS accepting provider, the patient is responsible for the co-payment and up to an additional charge of 15% above the TRICARE Maximum Allowable Charge.
- Call the toll free telephone number for the region where medical care is required for assistance in locating a network provider (see Regional Contacts on page 9).
  - Providers should file claims to WPS with a copy of the bill.
  - Family members may file their own claims with WPS using the DD 2642, CHAMPUS Claim Form. Include a copy of the itemized bill and receipts and use the OCONUS return mailing address. The claim form is available on the web at: <http://www.tricare.osd.mil/ClaimForms/>.
  - **Outpatient Mental Healthcare.** Eight outpatient mental health visits per fiscal year (1 October through 30 September), are authorized without pre-approval; however, ninth and subsequent outpatient visits must be pre-authorized by contacting the TSO at 888.777.8343, Option #3.

- **Inpatient Mental Healthcare.** Family members must contact CHOICE Behavioral Health for pre-authorization at 800.700.8646, ext. 2008.

**Co-payments for Prime enrolled active duty family members receiving healthcare in CONUS are WAIVED.**

**The Pharmacy co-payment/reimbursement structure for CONUS prescriptions has changed.** Keep in mind you will have to pay up-front the whole cost and file for reimbursement less copay as below. Contact the regional TRICARE Service Center for information on locating a network pharmacy.

Your Cost		
Place of Service	Generic Drugs	Brand Name Drugs
Military Treatment Facility	\$0	\$0
TRICARE Mail Order Pharmacy (up to a 90-day supply)	\$3	\$9
TRICARE Retail Networks (up to a 30-day supply)	\$3	\$9
Non-Network Pharmacies	\$9 or 20% of total cost (whichever is greater). Existing deductibles and Point of Service fees apply : <b>E-4 &amp; below:</b> \$50 per person \$100 per family, <b>E-5 &amp; above:</b> \$150 per person/\$300 per family). <b>Prime:</b> \$300 per person/\$600 per family, Point of Service Penalty is 50% after deductible (in CONUS).	

## APPEALING MEDICAL AND CLAIMS DECISIONS

**Active Duty:** For appeal of denied claim or Medical/Dental TDY/TAD, address your issue in writing to the following offices in order:

- Medical Director, Lead Agent, TRICARE Regions 3/15, Fort Gordon
- Director, TRICARE Region 15
- Lead Agent, TRICARE Region 15

The address for all of the above is:

- *(Title from above as appropriate)*  
 TRICARE Latin America & Canada  
 LASE – Bldg. 38801  
 Fort Gordon, GA 30905-5650

**Family Members:** For denied or non-covered claims when filed directly to WPS for healthcare, follow the appeal process on the reverse side of the Explanation of Benefits.

To appeal a medical TAD/TDY decision follow the procedure outlined under Active Duty.

Some issues may NOT be appealed, such as TRICARE/CHAMPUS Regulations or the TRICARE Maximum Allowable Charge (TMAC) reimbursement rate.

## TRICARE PORTABILITY

Enrollment Portability allows TRICARE Prime enrollees to transfer their healthcare coverage from one TRICARE region to another.

**Traveling Outside of TLAC:** When traveling out of the TLAC area for more than 60 days, Prime enrollees should transfer their enrollment to the new region. Upon return to TLAC a new enrollment form must be completed to transfer the enrollment back to TLAC.

**Permanent Change of Station (PCS) from TLAC:** When PCSing from TLAC, beneficiaries remain enrolled in TLAC Prime until they transfer their enrollment to their new region (up to a maximum of 60 days). To transfer, call the new region's toll free number (see Regional Contacts on page 9), or contact the nearest TRICARE Service Center (TSC).

The family member's TRICARE coverage automatically converts to the TRICARE Standard benefit 60 days after departure from TLAC if not already enrolled in Prime in the new region within that time.

## ANNUAL ENROLLMENT RENEWAL AND DISENROLLMENT

TRICARE Prime family member enrollment is effective for one year. An annual renewal letter is mailed to the beneficiary 30-60 days prior to the enrollment end date to provide them the option to disenroll. Family members who choose to remain enrolled in Prime may disregard the letter as renewal occurs automatically. Active duty enrollments do not require renewal.

Active duty service members may not choose to disenroll. Family members who choose to disenroll must sign the letter and return it to the TSO for processing. Beneficiaries who are approved for early disenrollment will not be able to re-enroll in TLAC Prime for a period of 12 months. Beneficiaries who disenroll but are TRICARE eligible will still be covered under TRICARE Standard.

## DENTAL PROGRAM FAST FACTS

### Active Duty:

Active duty service members should seek dental care through the nearest Military Dental Facility.

### Family Members:

Seek space available dental care at the nearest Military Dental Facility.

\* The TRICARE Dental Plan (TDP) changed as of 1 February 2001. All enrolled beneficiaries, whether enrolled prior to 1 February 2001 or after, will receive a TDP enrollment card. If you are enrolled and have not received your card, contact United Concordia at 800.866.8499 or 717.975.5017. **You do not need to re-enroll.**

The TDP is a voluntary comprehensive dental plan available to all active duty family members of the seven Uniformed Services. To avoid eligibility problems, sponsors must ensure that family member information in DEERS is accurate and up-to-date. \*To enroll your family members, the sponsor must complete a United Concordia enrollment form (available via the World Wide Web at <http://www.ucci.com/tdp/tdp.html>. DD form 2494 or 2494-1 dental enrollment forms will no longer be accepted at your military personnel office.

\* You can fax the enrollment form to United Concordia toll free at 888.734.1944, (you must include your credit card number to cover the cost of the first months premium).

\* You can enroll online, (you must include your credit card number to cover the cost of the first months premium).

\* Or you can mail the form directly to United Concordia with your check or money order.

Before seeking dental care, you must contact United Concordia (see below) to verify enrollment each time you use the benefit. Active duty family members are subject to the UCCI pre-determination/authorization requirements.

## Family Members:

- **General Dentistry: Obtain** dental care from the dentist of your choice; however, receiving treatment from a United Concordia participating dentist can save you money, time, and paperwork. Beneficiaries are responsible for cost shares listed in the United Concordia TDP Handbook. Prior to receiving any dental care, call United Concordia at 800.866.8499 or 717.975.5017 to verify your enrollment and benefits and for assistance in locating a participating dentist. Active duty family members are subject to the UCCI pre-determination/authorization requirements. \*Limited anesthesia is now a covered benefit.
- **Orthodontic Care:** All family members (non-spouses) are eligible for orthodontic treatment up to, but not including, age 21 (or up to age 23 if enrolled full-time at an accredited college or university). All spouses are eligible up to, but not including, age 23. Prior to receiving any orthodontic care, call United Concordia at 800.866.8499 or 717.975.5017 to verify your enrollment and benefits and for assistance in locating a participating orthodontist.

<u>CONUS Covered Services</u>	<u>Plan Pays</u>
Preventive/Diagnostic	100%
Emergency Treatment	100%
Basic Restorative	80%
Sealants	80%
Endodontics	60%
Periodontics	60%
Oral Surgery	60%
Other Restorative Services	50%
Prosthodontics	50%
Orthodontics	50%

**For information about the CONUS program,** call United Concordia at 717.975.5017 or email them via the web at [www.ucci.com](http://www.ucci.com) or write them at:

United Concordia Companies, Inc.  
TDP Customer Service  
PO Box 898218  
Camp Hill, PA 17089-8218



## **CONTACTS FOR HELP**

If you need TRICARE assistance, contact the TRICARE Point of Contact serving your area or the TSO.

### **TRICARE Support Office** **Lead Agent Office TRICARE Region 15** **Fort Gordon, Georgia**

Business Hours Phone	888.777.8343, Option #3
Commercial	706.787.2424
FAX	706.787.3024
DSN	773.xxxx
E-Mail	<a href="mailto:tricare15@se.amedd.army.mil">tricare15@se.amedd.army.mil</a>
Website	<a href="http://tricare15.army.mil">http://tricare15.army.mil</a>

### **TRICARE Service Center** **US Naval Hospital, Guantanamo Bay, Cuba**

Business Hours Phone	011.5399.72360
TSC	011.5399.72017
Fax	011.5399.72093
DSN	None
Emergency Room	011.5399.72690
Website	<a href="http://www-nmimc.med.navy.mil/gitmo/">http://www-nmimc.med.navy.mil/gitmo/</a>

### **TRICARE Service Center** **US Naval Hospital, Roosevelt Roads, Puerto Rico**

TSC (Commercial)	787.865.5913
Fax	787.865.6848
DSN	831.xxxx
Emergency Room	787.865.5997
Website	<a href="http://rooseyroads.med.navy.mil/tricare2/home.htm">http://rooseyroads.med.navy.mil/tricare2/home.htm</a>

### **Other Important Telephone Numbers**

TRICARE Mail Order Pharmacy (TMOP)	
Express Scripts	866.363.8667 or 866.275.4732
Wisconsin Physician Services (WPS)	877.616.5963 (toll free) or 608.301.2310/11
Website	<a href="http://www.wpsic.com/tricare/">http://www.wpsic.com/tricare/</a>
Military Medical Services Office (MMSO)	888.647.6676, Option #2, then Option #1
Website	<a href="http://navymedicine.med.navy.mil/mmso/">http://navymedicine.med.navy.mil/mmso/</a>

## REGIONAL RESOURCES

### TRICARE on the World Wide Web

[www.tricare.osd.mil](http://www.tricare.osd.mil)

<b>Region 1</b>	<a href="http://tricare.detrack.army.mil/ne/index.htm">http://tricare.detrack.army.mil/ne/index.htm</a>	1.888.999.5195
National Capital Region ME, NH, VT, MS, CT, NY, PA, DE, MA, VA (Northern), Wash DC		
<b>Region 2</b>	<a href="http://www.tma.med.navy.mil">http://www.tma.med.navy.mil</a>	1.800-931-9501
Mid-Atlantic Region VA (Southern), NC		
<b>Region 3</b>	<a href="http://www.humana-military.com">http://www.humana-military.com</a>	1.800.444.5445
Eisenhower Army Med. Center SC, GA, FL (Except Panhandle), TN		
<b>Region 4</b>	<a href="http://www.humana-military.com">http://www.humana-military.com</a>	1.800.444.5445
Keesler AFB Medical Center FL (Panhandle), AL, MS, LA (Eastern)		
<b>Region 5</b>	<a href="http://dodr5www.wpafb.af.mil">http://dodr5www.wpafb.af.mil</a>	1.800.941.4501
TRICARE Heartland WI, MI, IL, KY, IN, OH, WV		
<b>Region 6</b>	<a href="http://www.tricaresw.af.mil">http://www.tricaresw.af.mil</a>	1.800.406.2832
Foundation Federal Health Corp AR, LA (Western), OK, TX (Except El Paso)		
<b>Region 7</b>	<a href="http://web01.region8.tricare.osd.mil">http://web01.region8.tricare.osd.mil</a>	1.888.874.9378
TRIWEST Health Care Alliance TX (El Paso), NM, AZ, NV, UT		
<b>Region 8</b>	<a href="http://eb01.region8.tricare.osd.mil">http://eb01.region8.tricare.osd.mil</a>	1.888.874.9378
TRIWEST Health Care Alliance MO, IA, MN, KS, NE, SD, ND, WY, ID (Southern), CO, MT		
<b>Region 9</b>	<a href="http://www.reg9.med.navy.mil">http://www.reg9.med.navy.mil</a>	1.800.242.6788
Foundation Federal Health Corp CA (Southern)		
<b>Region 10</b>	<a href="http://usafsg.satx.disa.mil/~region10">http://usafsg.satx.disa.mil/~region10</a>	1.800.242.6788
Foundation Federal Health Corp CA (Northern)		
<b>Region 11</b>	<a href="http://tricarenw.mamc.amedd.army.mil">http://tricarenw.mamc.amedd.army.mil</a>	1.800.404.0110
Foundation Federal Health Corp ID (Northern), OR, WA		
<b>Region 12</b>	<a href="http://tricare-pac.tamc.amedd.army.mil">http://tricare-pac.tamc.amedd.army.mil</a>	1.800.242.6788
Foundation Federal Health Corp HI, AK		
<b>Region 13</b>	<a href="http://webserver.europe.tricare.osd.mil">http://webserver.europe.tricare.osd.mil</a>	1.888.777.8343 <i>Option # 1</i>
TRICARE Europe		
<b>Region 14</b>	<a href="http://tricare-pac.tamc.amedd.army.mil/">http://tricare-pac.tamc.amedd.army.mil/</a>	1.888.777.8343 <i>Option #4</i>
TRICARE Pacific [Western Pacific]		
<b>Region 15</b>	<a href="http://www.tricare.osd.mil/tricare/tricarla.html">http://www.tricare.osd.mil/tricare/tricarla.html</a>	1.888.777.8343 <i>Option # 3</i>
TRICARE Latin America & Canada		
Support Office, Ft Gordon GA		

## **GLOSSARY OF TRICARE TERMS**

### **Allowable Charge**

The amount on which TRICARE Standard figures your cost-share for covered care. TRICARE Standard figures the allowable charge from all professional (non-institutional) providers' bills nationwide, with adjustments for specific localities, over the last year. The claims processor can tell a provider the allowable charge amount for specific services or procedures. Also known as the "CHAMPUS Maximum Allowable Charge" (CMAC).

### **Authorized Provider**

A doctor or other individual authorized provider of care, hospital or supplier who has applied to, and been approved by, TRICARE to provide medical care and supplies. Generally, that means the provider is licensed by the state, accredited by a national organization, or meets other standards of the medical community. If a provider is not authorized, TRICARE cannot help pay the bills.

### **Balance Billing**

This is when a provider bills you for the rest of his or her charges (the "balance" of the charges), after your civilian health insurance plan or TRICARE has paid everything it's going to pay. Federal law says you aren't legally responsible for amounts in excess of 15 percent above the TRICARE allowable charge.

### **Claims Processor**

That's the contractor that handles the TRICARE claims for care received within a particular state or region. They're also called TRICARE contractors and "fiscal intermediaries" or FIs. They have toll-free phone numbers to handle your questions.

### **Catastrophic Cap**

A cost "cap" or upper limit has been placed on TRICARE Standard-covered medical bills in any fiscal year. The limit that an active-duty family will have to pay is \$1,000; the limit for all other TRICARE Standard-eligible families is \$ 3000.

### **Co-Payment**

This is a fixed amount you'll pay when you're enrolled in TRICARE Prime and you visit the doctor for some type of medical care. Sometimes, the terms "co-payment" and "cost-share" (see below) are used interchangeably.

### **Cost-Share**

That's the percentage you pay-and the part TRICARE Standard pays-of the allowable charges for care on each claim. Your cost-share depends on your sponsor's status (active or retired) in the service. Your cost-share is paid in addition to the annual deductible for outpatient care and anything non-participating provider charges above the allowable charge. The TRICARE Standard cost-share is the difference between the allowable charge and your cost-share.

### **Deductible**

That's the amount you must pay on your bills each year toward your outpatient medical care, before TRICARE begins sharing the cost of medical care. That is, you pay your provider(s) the first \$150 for an individual, or \$300 for a family, worth of medical bills each fiscal year-from October 1 through September 30 (for the families of active duty members in pay grade E-4 and below, the deductible amounts are \$50 for an individual and \$100 for a family). The contractor keeps track of your deductible and subtracts it from your claims during the year. How much you've paid toward your deductible is spelled out on the Explanation of Benefits. The deductible is separate from, and in addition to, your cost-share.

## **DEERS**

The Defense Enrollment Eligibility Reporting System. That's the computerized data bank that lists all active and retired military members, and should also include their dependents. Active and retired service members are listed automatically, but they must take action to list their dependents and report any changes to family members' status (marriage, divorce, birth of a child, adoption, etc.), and any changes to mailing addresses. TRICARE contractors check DEERS before processing claims to make sure patients are eligible for TRICARE benefits.

## **Explanation of Benefits (EOB)**

A statement the TRICARE contractor sends you and the provider who participates in TRICARE Standard that shows who provided the care, the kind of covered service or supply received, the allowable charge and amount billed, the amount TRICARE Standard paid, how much of your deductible's been paid, and your cost-share. It also gives the reason for denying a claim. Sometimes also called the TRICARE Explanation of Benefits (TEOB).

## **Military Hospitals**

We use it as shorthand for all uniformed service hospitals including the ten former Public Health Service hospitals. Also, the acronym "MTF" (military treatment facility) is sometimes used to refer to military hospitals.

## **Non-Availability Statement (NAS)**

That's a certification from the uniformed service hospital that says it can't provide the care you need. If you live in certain ZIP codes around a military hospital, you must get a Non-Availability Statement (NAS) before getting non-emergency *inpatient* care at a civilian hospital under TRICARE Standard. Don't forget-TRICARE does not determine eligibility, nor does it issue NASs. The statements must be entered electronically in the Defense Department's DEERS computer files by your nearby military medical facility.

## **Other Health Insurance**

If you have other health care coverage-besides TRICARE Standard or TRICARE Extra or Prime-for yourself and your family through an employer, an association or a private insurer; or if a student in the family has a health care plan obtained through his or her school-that's what TRICARE considers "other health insurance" (OHI). It may also be called "double coverage" or "coordination of benefits." It doesn't include TRICARE supplemental insurance. It also does not include Medicaid.

## **Participate in TRICARE**

Health care providers who "participate" in TRICARE, also called "accepting assignment," agree to accept the TRICARE allowable charge (including your cost-share and deductible, if any) as the full fee for your care. Individual providers can participate on a case-by-case basis. They file the claim for you and receive the check, if any, from TRICARE. Hospitals that participate in Medicare must, by law, also participate in TRICARE Standard for inpatient care. For outpatient care, hospitals may or may not participate.

## **Sponsor**

The service member either active duty, retired or deceased, whose relationship to you (spouse, child, parent, etc.) establishes eligibility for TRICARE.

## **TRICARE Standard Supplemental Insurance**

These are health benefit plans that are specifically designed to supplement TRICARE Standard benefits. They generally pay most or all of whatever's left after TRICARE Standard has paid its share of the cost of covered health care services and supplies. These plans are frequently available from military associations and other private organizations and firms. Such policies aren't necessarily just for retirees, but may be useful for other TRICARE-eligible families as well.